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05/21/2009

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(Depositor's name (Signature (Date

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/565,224	01/20/2006	Michael Zarkh	B-5874PCT 623203-7	9923		
TITLE OF INVENTION:	METHOD AND SYSTEM	FOR IDENTIFYING OPTIMAL IMAGE WITHIN A SEE	HER OF BAAGES THAT I	NUMBER A		

MOVING ORGAN

ı	APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	NO	\$1510	\$300	\$0	\$1810	08/21/2009	
	EXAMINER		ART UNIT	T UNIT CLASS-SUBCLASS				
ALLISON, ANDRAE S 2624			382-107000	•				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.563). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a		ra 2	& Parry	LLP	
	Tee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number Is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		o to		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

PATEON INC.

New York, New York

Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government

4a. The following fee(s) are submitted: Advance Order - # of Copies

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.

Issue Fee Dublication Fee (No small entity discount permitted)

Payment by credit card.

The Director is hereby authorized to charge 12-0415 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status, See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature /Mavis S. Gallenson 32464/

Date August 3, 2009

Mavis S. Gallenson Typed or printed name _

Registration No. 32, 464

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